

Case Number:	CM14-0195717		
Date Assigned:	12/03/2014	Date of Injury:	01/29/2014
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Plastic Surgery, has a subspecialty in Reconstructive Surgery and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 33 year old female with a reported date of injury on 1/29/14 who requested a custom made splint and 9 visits of hand therapy. Documentation from 5/4/14 notes previous diagnosis of right carpal tunnel syndrome and that the patient was provided with a splint. The patient had discontinued the use of the splint as it interfered with her work. She is noted to have paresthesias of both hands with diagnoses including right cubital tunnel syndrome, probable left cubital tunnel syndrome (electrically negative), and possible bilateral carpal tunnel syndrome (electrically negative). This visit was for consultation only; but, consideration may be given to steroid injection to confirm a diagnosis of right carpal tunnel syndrome and possible surgical intervention of the right cubital tunnel syndrome. Documentation from 7/6/14 notes that the patient's symptoms have improved but had wanted to consider a steroid injection. Grip strength measurement is noted to be less on the right side. Given that the symptoms had improved a steroid injection was not given. Documentation from 10/15/14 notes that the patient was seen to have a steroid injection to determine if she has right carpal tunnel syndrome in addition to right cubital tunnel syndrome. Grip strength measurement is noted to be less on the right side. Activity restrictions were made. Documentation from 11/5/14 notes that the patient has improved from her steroid injection and thus will be observed. Recommendation is made for occupational therapy 3 times per week for 3 weeks. UR review dated 11/13/14 did not certify the splint or hand therapy. Reasoning given was that there was insufficient information provided in the medical records and the RFA to understand the nature of what is requested for a 'custom' splint. In addition, there is little evidence demonstrating the effectiveness of physical or occupational therapy for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Custom Made Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 272.

Decision rationale: The patient is a 33 year old female with possible right carpal tunnel syndrome who is documented to be improved following a carpal tunnel steroid injection. A request was made for a custom made splint. In the medical records provided, it is unclear what type of splint was requested, whether it was for a documented improving right carpal tunnel syndrome or a right cubital tunnel syndrome. The actual RFA was not provided for review and the treating hand surgeon did not specify in his evaluation on 11/5/14 any further details (or that a splint was needed). From ACOEM Chapter 11 page 272, Table 11-7, the following is recommended: injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication (C). From page 265, CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Thus, splinting of the right wrist could be considered appropriate treatment, but greater detail is necessary to define what type of splint is needed. Thus, a Custom Splint is not medically necessary.

Nine visits of Hand Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: From ACOEM, post-surgical guidelines with respect to carpal tunnel syndrome page 15, There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). From ACOEM, page 265, Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. In summary, without a clear justification for therapy, the request for Hand Therapy is not medically necessary.

